



For Public Comment
November 5– December 17, 2018
Comments due 5:00 p.m. ET
December 17, 2018

Health Plan Accreditation 2020: Long-Term Services and Supports (LTSS) Overview

Health Plan Accreditation (HPA) 2020

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Health Plan Accreditation 2020: LTSS Updates Overview

Our Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For almost 30 years, NCQA has been driving improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA's programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans—health maintenance organizations (HMO), point-of-service (POS) organizations, preferred provider organizations (PPO)—using both standards and performance results. Today, approximately 181 million Americans are enrolled in an NCQA-Accredited health plan.

Background and Objectives

In September 2018, NCQA published four new LTSS measures for inclusion in a new volume of HEDIS^{®1} 2019 for organizations that provide LTSS. These measures, developed and tested with partners under a contract with the Centers for Medicare & Medicaid Services (CMS), address critical gaps in quality for organizations that provide LTSS (e.g., Medicaid managed LTSS [MLTSS] plans, community-based organizations). They will allow—for the first time—a national comparison of LTSS quality across organizations providing care.

- *LTSS Comprehensive Assessment and Update (CAU)*: The percentage of LTSS organization members who have a documented in-home, comprehensive assessment completed annually or within 90 days of enrollment.
- *LTSS Comprehensive Care Plan and Update (CPU)*: The percentage of LTSS organization members who have a documented comprehensive care plan completed annually or within 120 days of enrollment.
- *LTSS Reassessment/Care Plan Update After Inpatient Discharge (RAC)*: The percentage of LTSS organization members who were discharged from inpatient facilities in the measurement year and for whom a reassessment and care plan update occurred within 30 days of discharge.
- *LTSS Shared Care Plan with Primary Care Practitioner (SCP)*: The percentage of LTSS organization members with a care plan that was transmitted to their primary care practitioner or other documented provider identified by the member within 30 days of its development.

Because these new LTSS measures overlap significantly with existing standards in NCQA's LTSS Accreditation products, they may be suitable for integration into those products. The measures also align with those published by CMS for states to implement in their managed LTSS programs.

NCQA anticipates that states will require MLTSS plans to report these quality measures in the future; thus, finding a way to reduce the burden for plans reporting measures and seeking LTSS Distinction will be critical to the program's success.

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

For HPA 2020, we propose an approach that will allow plans seeking LTSS Distinction to report HEDIS LTSS measures in lieu of certain standards (e.g., assessment and care planning; care transitions). We see several potential benefits to this approach:

Enhanced LTSS Distinction program. HEDIS LTSS measures provide an opportunity to establish a national standard for quality measurement for LTSS. As more states begin to require LTSS Distinction for health plans, including an option to report measures in lieu of standards will increase the program's value to both states and plans.

- **Reduced burden for plans that are required to report HEDIS LTSS measures.** We anticipate that states will require plans to report HEDIS LTSS measures (similar to how some states require LTSS Distinction). Allowing plans to report measures instead of standards will alleviate the burden of reporting overlapping standards and measures.
- **Optional reporting.** Plans will continue to have the option to be reviewed on the standards and not report HEDIS LTSS measures.
- **Reduces the number of file reviews.** Plans will be able to forego two elements that require file review, by reporting HEDIS measures instead.

NCQA seeks feedback from the public regarding this proposal.

Refer to the corresponding section, *Proposal for Integrating Measures Into LTSS Distinction for Health Plans*, for a summary of the approach.

Proposal: Integrate Measures Into LTSS Distinction for Health Plans

For HPA 2020, NCQA proposes to allow health plans seeking LTSS Distinction to report HEDIS LTSS measures in lieu of certain standards (assessment and care planning, care transitions). Plans will be required to meet specified thresholds of performance on the HEDIS LTSS measures to get credit for the elements outlined in the table below.

- For elements that look for a *documented process*, plans can earn automatic credit by reporting a minimum 5% performance rate on the corresponding performance measure, indicating that a process is in place and that at least some members are receiving the specified assessment.
- For elements that look for *implementation* of a documented process (assessment or care plan) we would match performance thresholds with thresholds for file review, to the extent possible. To earn full credit for the elements, plans must demonstrate ≥90% performance on the corresponding measure that matches the scoring for file review.

HEDIS LTSS MEASURE	CORRESPONDING ELEMENT IN LTSS DISTINCTION	PROPOSED MEASURE THRESHOLD FOR 100% ELEMENT POINTS*
COMPREHENSIVE ASSESSMENT AND UPDATE (CAU)	LTSS 1B: Assessment of Health, Functioning and Communication Needs	A 5% CAU rate meets the requirement for receiving all credit for LTSS 1B. At least one assessment that includes all factors indicates that the MLTSS plan has a process for assessing members for all factors in the element.
	LTSS 1C: Resource Assessment	A 5% CAU rate meets the requirement for receiving all credit for LTSS 1C. At least one assessment that includes all factors indicates that the MLTSS plan has a process for assessing members for factors in the element.
	LTSS 1D: Comprehensive Assessment Implementation	A 90% performance on CAU core rate and 60% performance on the supplemental rate meet the requirement for receiving all credit for LTSS 1D. This indicates that 90% of members have

HEDIS LTSS MEASURE	CORRESPONDING ELEMENT IN LTSS DISTINCTION	PROPOSED MEASURE THRESHOLD FOR 100% ELEMENT POINTS*
		9 core CAU factors documented and 60% have 12 additional supplemental CAU factors documented.
COMPREHENSIVE CARE PLAN AND UPDATE (CPU)	LTSS 1E: Person-Centered Assessments (see discussion below about differences)	A 5% CPU rate meets the requirement for receiving all credit for LTSS 1E.
	LTSS 1F: Person-Centered Care Planning Process	A 5% CPU rate meets the requirement for receiving all credit for LTSS 1F.
	LTSS 1G: Implementing Person-Centered Care Planning Process	A 90% performance on CPU supplemental rate meets the requirement to receive all credit for LTSS 1G. This indicates that 90% of members have 13 core CPU factors documented.
REASSESSMENT AND CARE PLAN UPDATE AFTER IN-PATIENT DISCHARGE (RAC)	LTSS 4A: Process for Transitions of Care	A 5% RAC rate meets the requirement for receiving all credit for LTSS 4A. More than one discharge, with a reassessment and care plan update within 30 days of discharge, indicates that the plan is aware of the transition and is following its process for reassessing and updating the care plan.

*Refer to [Appendix 5: LTSS Crosswalk of Standards to Measures](#) for proposed measure thresholds for the detailed scoring levels.

Although the standards and measures align closely, there are key differences (discussed below). NCQA seeks feedback on whether these measures are aligned enough in intent to allow plans to use performance on the LTSS measures to earn automatic credit on standards.

- **LTSS 1B–D; LTSS Comprehensive Assessment (CAU) Supplemental Rate:** The element requirements and the supplemental rate align closely, but the CAU measure requires in-home assessment and the standards do not explicitly state that assessment must be in-home.
- **LTSS 1E–G; LTSS Comprehensive Care Plan (CPU):** The elements' person-centered care planning requirements and the CPU measure are closely aligned; however, there are a few differences described below:
 - **Face-to-face care planning.** CPU requires the assessment to be face to face, whereas the elements' person-centered care planning requirements do not explicitly require face-to-face development of every care plan.
 - **Goal prioritization.** CPU requires documentation of at least one person-centered goal, but it is not feasible to require goals to be prioritized without also requiring documentation of more than one goal. Testing showed that documentation does not make it possible to reliably distinguish between prioritized goals and nonprioritized goals. For example, a list of three goals prioritized from 1–3 cannot be distinguished from a list of three goals that are not prioritized.
 - **Assessment of preferences.** LTSS 1E is related to members' inclinations toward lifestyle, living situations and how they want care to be provided. One component of the element is covered in the CAU measure (assessment of preference for participation in work or volunteer activities). The other aspects of preferences (preference for living situation, how LTSS care is delivered) were not included in testing the CAU and CPU measures.
 - **Identification of members' preferred method of communication.** LTSS 1E looks for assessment of a member's preferred method of receiving communications from the plan. This was tested as part of the CAU measure but showed low reliability. Although care plans were often communicated through various methods (phone, mail, fax), whether the method of communication was preferred by the member was infrequently documented.
 - **Communication with LTSS providers.** CPU does not require communication of the care plan to LTSS providers. In testing, we determined this was not practical because it is not always possible to identify all LTSS providers from the care plan—if the care plan did not list all LTSS providers, for

example. Measurement stakeholder panel feedback was that not all LTSS providers require a copy of the care plan.

- Facilitation of referrals to resources and a follow-up process to determine if referrals were acted on. CPU does not require documentation of facilitation and follow-up on referrals because it is not always possible to assess this uniformly across members.
- Development of a self-management plan. CPU requires plans to document that they address members' medical, functional, cognitive, behavioral and social needs; it does not distinguish between member self-management and management by the care manager.
- **LTSS 3A; LTSS Reassessment and Care Plan Update (RAC).** LTSS 3A and RAC measure are closely aligned, with the following differences:
 - Notification of members' usual providers of a transition within a specified time frame. LTSS Distinction standards look for policies and procedures specifying a process for notifying providers about member transitions between settings and define notification time frames. This was not tested as part of the RAC measure. Another measure, *Shared Care Plan (SCP)*, assesses whether a care plan was shared (for all members, regardless of transition status) with the primary care practitioner or ongoing care provider.
 - Communication of key information. LTSS Distinction standards look for policies and procedures specifying a process for conveying information to the receiving setting (to ensure that members continue to receive vital care). This was not tested as part of the RAC measure.
 - Collaboration on the discharge plan with the discharge team. LTSS Distinction standards look for policies and procedures specifying a process for collaborating with the discharge team to resume or initiate services for members who are transitioning back to their usual setting. This was not tested as part of the RAC measure.

Despite these differences, NCQA believes that the intent of the measures and the standards align and that we should move forward with a pilot program allowing health plans to earn automatic credit by meeting specified thresholds on performance measures.

General Questions

1. Do you agree with the proposed approach of allowing plans to earn automatic credit by meeting performance thresholds on performance measures?
2. Do you agree with the proposed thresholds for earning automatic credit?

A Guide to the Updates

Proposed updates to Health Plan Accreditation (HPA) 2020 include changes to standards and integration of the new HEDIS LTSS measures.

- [Appendix 5: LTSS Crosswalk of Standards to Measures](#) shows the alignment between the new LTSS measures and the existing LTSS Distinction standards.

The NCQA Advantage

Proposed HPA updates aim to align standards with the changing market landscape, stakeholder needs and regulatory requirements, and to assist plans in their pursuit of quality care. The NCQA Accreditation seal is a sign to stakeholders—including employers, states and CMS—that plans deliver high-quality care and have strong member protections.

Stakeholders Participating in Public Comment

NCQA shares these changes for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated. Please highlight areas that might need clarification.

How to Submit Comments

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. NCQA encourages reviewers to provide insights on global issues related to the proposed HPA updates, including:

1. Will the proposed approach help your organization meet its objectives? If so, how? If not, why not?
2. Does the proposed approach align with your state's managed care efforts?

Documents

Find draft standards/measures, recommendations, rationale and explanations for updates in [Appendix 5: LTSS Crosswalk of Standards to Measures](#).

Submitting Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website: <http://my.ncqa.org>. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Select the **Public Comments** module to view available public comment.
 - a. Click **Open Public Comments** to view instructions, proposed requirements and questions.
3. Click **Add Comment** to open the comment box.
4. Select **Health Plan Accreditation (HPA) 2020: Long-Term Services and Supports (LTSS)** from the product drop-down list.
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
 - a. If you choose **Do not support**, include your rationale in the text box.
 - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.

***Note:** There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the "cut and paste" function to copy your comment into the Comments box.*
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments must be entered by Monday, December 17, by 11:59 p.m. ET

Next Steps

The final HPA 2020 standards and guidelines will be released in July 2019, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements for HPA 2020 are applicable for surveys beginning July 1, 2020.